

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

10695

-62-043974

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

FILED NOV 19 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
3 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Homer G. Phillips

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3867 EvansReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Clarence Bishop4. DATE OF DEATH
Month Day Year
11 5 625. SEX
Male6. COLOR OR RACE
Negro7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
8-22-18959. AGE (last birthday)
67IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

porter

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Caruthersville, Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Calvin Bishop

13b. MOTHER'S MAIDEN NAME

Dochie Kemp

14. NAME OF HUSBAND OR WIFE

Martha Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

388 Eugene Stafford 2725 Dayton

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Emphysema

INTERVAL BETWEEN ONSET AND DEATH
Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Dehydration & Malnutrition

DUE TO (c)

527.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11-2-62

to 11-5-62

and last saw him alive on 11-5-62

Death occurred at

2:25 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Print name or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

11-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11/9/62

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

Berkley, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Washington

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

Price Undertaking Inc. 2829 9th

NOV 7 1962

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.